

CITY OF TWO HARBORS

WATER & GAS DISTRIBUTION MAINTENANCE

Required Supplemental Application Form

Applicant Name: _____ Date: _____

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.

Please note:

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Do you possess a valid Minnesota Class D Driver's License or equivalent?
(choose one)

YES **NO**

If no, do you have the ability to obtain one by the date of the appointment and thereafter? (choose one)

YES **NO**

2. Do you possess a valid Minnesota Class B Driver's License or equivalent? (choose one)

YES **NO**

If no, do you have the ability to obtain one within six months of hire date? (choose one)

YES **NO**

3. Do you possess a valid Minnesota Class SC Wastewater License? (choose one)

YES **NO**

If no, do you have the ability to obtain one within eighteen months of hire date? (*choose one*)

YES **NO**

4. Do you possess a valid Minnesota Class D Water License? (*choose one*)

YES **NO**

If no, do you have the ability to obtain one within eighteen months of hire date? (*choose one*)

YES **NO**

5. Do you possess a valid OQ (Operator Qualification) certification as required by the U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration (PHMSA)? (*choose one*)

YES **NO**

If no, do you have the ability to obtain one within one year of hire date? (*choose one*)

YES **NO**

6. Do you possess a Cathodic Protector Certificate? (*choose one*)

YES **NO**

7. Do you possess a valid Minnesota plumbing license? (*choose one*)

YES **NO**

8. List below any college certificates or diplomas in water distribution, wastewater collection, lift station, or gas utility construction and services you currently hold.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____

Date: _____